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| APPLICANTS Marcus Braun, Stuttgart-Vaihingen, GERMANY; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 5 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 1 |
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| TITLE SURGICAL INSTRUMENT | | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |